

SECTION 1: General Information			NOP Rule 205.201 and 205.401	
Applicant/company name			Organic certification number	
Owner/manager, Title		Primary contact person		
Address				
City	State/province	Postal/zip code	Country	
Phone	Fax	Email		
Legal status: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Legal partnership (federal form 1065) <input type="checkbox"/> Cooperative <input type="checkbox"/> Other (specify)				
Year company began	Number of employees	Name of person overseeing organic production		Government permits/licenses
Do you have a copy of current organic standards?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you understand the current organic standards?	
Do you have a copy of the current National List?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What general categories of organic products are manufactured or planned to be manufactured? <i>Provide a complete list of products requested for certification in Section 2: Product Composition and Labeling.</i>				
List all noncompliances from last year's certification and state how the noncompliances have been addressed. <input type="checkbox"/> Not applicable				
List previous years certified organic and name of certifying agent.			List current organic certification by other agents.	
Has certification ever been denied, suspended, or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the circumstances. <i>Attach a description of the actions taken to correct noncompliances.</i>				
Preferred time for inspection visit: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon Give directions to the processing facility.				
Type of processing/handling operation, e.g. grain cleaning, canning, freezing	Is your operation a: <input type="checkbox"/> Primary, or <input type="checkbox"/> Contract vendor		Estimated annual total production % organic % non-organic	
IF YOU USE CONTRACT VENDORS, GIVE THE FOLLOWING INFORMATION:				
NAME OF CONTRACT VENDOR	ADDRESS	PHONE NO.	CERTIFIED BY	
List or attach a list stating the general categories of non-organic products produced by your company.				